



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Stamford Eye Surgery Center, LLC

Docket Number: 04-30242-CON

Project Title: Establish a Single-Specialty Eye Surgery Center

Statutory Reference: Sections 19a-638 and 19a-639, Connecticut General Statutes

Filing Date: September 2, 2004

Hearing Date: October 29, 2004

Presiding Officer: Cristine A. Vogel

Intervenors: The Stamford Hospital
Greenwich Hospital

Decision Date: November 30, 2004

Default Date: December 1, 2004

Staff: Laurie K. Greci

Project Description: Stamford Eye Surgery Center, LLC (“Applicant”) proposes to establish a single-specialty eye surgery center to be located at 9 West Broad Street, Stamford, Connecticut. The associated total capital expenditure is \$1,870,085.

Nature of Proceedings: On September 2, 2004, the Office of Health Care Access (“OHCA”) received the completed Certificate of Need (“CON”) application of Stamford Eye Surgery Center, LLC seeking authorization to establish a single-specialty eye surgery center at 9 West Broad Street, Stamford, Connecticut. The associated total capital expenditure is \$1,870,085.

The Applicant is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes (“C.G.S.”).

A notice to the public announcing the Applicant's proposal was published in *The Advocate* (Stamford) on September 11, 2004. OHCA granted the request from The Stamford Hospital to hold a hearing concerning the Applicant's proposal. Pursuant to C.G.S. Section 19a-639, and as amended by Public Act 03-17, a public hearing regarding the CON application was held on October 29, 2004. The Applicant was notified of the date, time and place of the hearing, and a notice to the public was published in *The Advocate* on September 24, 2004. Commissioner Cristine A. Vogel served as Presiding Officer for this case. The public hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes) and C.G.S. Section 19a-639.

The Stamford Hospital petitioned for intervenor status with the right to cross-examine the Applicant, witnesses, and other participants. The Stamford Hospital was granted Intervenor status with full rights of cross-examination by the Presiding Officer. Greenwich Hospital petitioned for intervenor status and was granted Intervenor status with limited rights of participation by the Presiding Officer. Norwalk Hospital petitioned for informal participant status and was denied.

The Presiding Officer heard testimony from the Applicant and the Intervenors' witnesses and, in rendering this decision, considered the entire record of the proceeding. OHCA's authority to review and approve, modify or deny the CON application is established by Sections 19a-638 and 19a-639, C.G.S. The provisions of these sections as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need

Impact of the Proposal on the Applicant's Current Utilization Statistics Contribution of the Proposal to the Accessibility and Quality of Health Care Delivery in the Region

1. Stamford Eye Surgery Center, LLC ("Applicant") is a for-profit limited liability company organized for the establishment of a single-specialty eye surgery center in Stamford, Connecticut. (*May 29, 2004, CON Application, page 3*)
2. The single-specialty eye surgery center ("Center") will be managed by its members: Robert Fucigna, M.D.; Gina Gladstein, M.D.; Peter Libre, M.D.; Suresh Mandava, M.D.; Glenn Ostriker, M.D.; Elizabeth Siderides, M.D.; Esteban Vietorisz, M.D.; and James Wong, M.D. (*May 29, 2004, CON Application, pages 662 and 663*)
3. The Applicant's proposed primary service area consists of the towns of Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport, and Wilton. The proposed secondary service area consists of the towns of Easton, Fairfield, Redding, and Ridgefield. (*May 29, 2004, CON Application, page 10*)

4. Towns were included in the proposed primary service area if there were twenty or more patients residing in that town that were treated by the Applicant or one of the physicians planning on utilizing the Center. The secondary service area towns are those towns contiguous to a town in primary service area. *(September 2, 2004, Completeness Response, page 1)*
5. The estimated population in the proposed primary service area for 2000 is presented in the following table.

Table 1: Estimated Population in the Proposed Primary Service Area in 2000

Town	Total Population	Ages 45 to 64	Ages 65 and over
Darien	19,607	4,698	2,436
Greenwich	61,101	15,702	9,716
New Canaan	19,395	5,164	2,619
Norwalk	82,951	18,751	10,601
Stamford	117,083	25,353	16,175
Weston	10,037	2,903	969
Westport	25,749	7,216	3,883
Wilton	17,633	4,924	2,145
Total	353,556	84,711	48,544

(May 29, 2004, CON Application, pages 189 - 205)

6. The State of Connecticut Office of Policy and Management population statistics for the proposed primary service area show an expected increase in population of 7,020 people between 2005 and 2010. *(May 29, 2004, CON Application, page 11)*
7. The Center will provide two operating rooms dedicated to ophthalmic procedures. *(May 29, 2004, CON Application, page 9)*
8. The Social Security Administration has projected that the number of persons reaching 65 years of age and entering the Medicare program will increase from 2 million to over 4 million persons by 2025. *(May 29, 2004, CON Application, page 47)*
9. The Applicant will retain a management agreement with Constitution Surgery Centers, LLC (“Constitution”) that will coordinate and oversee staff, day to day management, billing, equipment acquisition, and other managerial duties. *(May 29, 2004, CON Application, page 3)*
10. Constitution currently manages three other eye surgery centers in Connecticut: Constitution Eye Surgery in Newington; Constitution Eye Surgery Center, East in Waterford; and Connecticut Eye Surgery Center South in Milford. *(May 29, 2004, CON Application, page 17)*
11. The Applicant based the need for the Center on the following:
 - Technological advances allowing for eye procedures to be better performed in an ambulatory outpatient setting.
 - The rapid growth in the elderly population.

- Better access for patients who are treated through Medicare as well as commercial plans.
- Availability of services to the Medicaid population and to all patients regardless of payment source or ability to pay.
- Decreasing Medicare reimbursement rates.
- Existing inadequate and inconsistent resources for ophthalmic surgery in the proposed service area.

(May 29, 2004, CON Application, pages 4 and 5)

12. Technological advances include phaco-emulsification procedures and the use of lasers, visco-elastic materials, artificial lenses, and new medications. *(September 2, 2004, Completeness Response, page 2)*
13. The Center anticipates that the majority of its caseload will be cataract surgeries. Cataracts are common and are the main cause of blindness. Presently, the only known treatment for cataracts is the surgical removal of the lens. *(September 2, 2004, Completeness Response, pages 3, 13, and 14)*
14. The 1996 ambulatory procedure rates for the northeast region of the United States were reported by the U.S. Department of Health and Human Services in 1998. The Applicant reported the following rates for 1996 per 10,000 persons:

Overall Ambulatory Surgery Rates	1,275
Extraction of Lens for Person Aged 45 to 64	62.4
Extraction of Lens for Persons Over Age 64	589.9

(May 29, 2004, CON Application, pages 54 and 58)

15. The Applicant applied a 3% per year rate increase to the reported rates and calculated the following rates for 2005 per 10,000 persons:

Overall Ambulatory Surgery Rates	1,664
Extraction of Lens for Person Aged 45 to 64	81.4
Extraction of Lens for Persons Over Age 64	769.7

(May 29, 2004, CON Application, pages 55 and 58)

16. The Applicant based its 3% yearly rate increase on better technology, lower complication rates, and better outcomes justifying the performance of lens extraction on a greater number of people at younger ages. The Applicant supported the rate with data from the Medicare

database. From 1998 through 2002, Medicare allowed and paid for the following number of services in the category “Cataract Removal/Lens Insertion”:

Table 2: Medicare Volume for Cataract Removal/Lens Insertion from 1998 to 2002

	Year				
	1998	1999	2000	2001	2002
Cataract Removal/Lens Insertion	2,596,273	2,699,399	2,749,118	2,881,793	3,129,005
Increase Over Previous Year	-	4%	2%	5%	9%
Average Increase Per Year					4.75%
Total Change, 1998 to 2002					21%
Total Change in Medicare Population 1998 to 2002					1.25%

(September 2, 2004, Completeness Response, page 7)

17. The existing providers of ambulatory surgical procedures in the Applicant’s proposed primary service area are: The Stamford Hospital; Norwalk Hospital; Greenwich Hospital; Stamford Surgical Center located at The Stamford Hospital’s Tully Health Center (“SSC-Tully”); HealthSouth of Norwalk (“HealthSouth”); and the New Vision Cataract and Laser Center (“New Vision”) in Norwalk. *(May 29, 2004, CON Application, page 14)*

18. On July 7, 2004, OHCA approved the application of Wilton Pain Management, LLC d/b/a Wilton Surgery Center LLC (“Wilton Surgery Center”) to expand its scope of services from a licensed pain management center to an ambulatory surgery center that includes the performance of ophthalmic procedures and to add two additional operating rooms. Wilton Surgery Center projected that 491, 516, and 541 ophthalmic procedures would be performed at the facility during the first three years of operations. Wilton Surgery Center is expected to open January of 2005. The proposed service area for the Wilton Surgery Center includes the towns of New Canaan, Norwalk, Ridgefield, Weston, Westport, and Wilton. *(July 7, 2004, Final Decision, Docket 04-30251-CON and Prefiled Testimony of Peter Oster, Exhibit C)*

19. In OHCA Docket 04-30251-CON, Norwalk Hospital testified that it does approximately 888 ophthalmic procedures per year. The Applicant divided the 888 procedures by Norwalk Hospital’s reported total outpatient surgical volume of 7,091 to determine that ophthalmic procedures represent approximately 12.5% of the total ambulatory outpatient surgery performed at Norwalk Hospital. *(October 22, 2004, Response to Interrogatories, page 2)*

20. Applying the 12.5% calculated in Finding of Fact No. 19 and using the 2003 Schedule 500 reported ambulatory surgical volume of Greenwich Hospital of 5,651, the Applicant estimated that Greenwich Hospital performed 706 ophthalmic surgical procedures. *(October 22, 2004, Response to Interrogatories, page 2)*

21. As the SSC-Tully is not required to report its ambulatory surgical volume, the Applicant estimated that SSC-Tully performs 10,000 procedures in 2003. The Applicant applied the rate of 12.5% to approximate SSC-Tully’s ophthalmic surgical volume to be 1,250 procedures (10,000 * 12.5%). *(October 22, 2004, Response to Interrogatories, page 2)*

22. Greenwich Hospital reported that it performed approximately 715 ophthalmic procedures in the fiscal year 2003. (*October 26, 2004, Prefiled Testimony of Nancy Rosenthal, page 4*)
23. The Stamford Hospital reported that in Fiscal Year (“FY”) 2004 1,232 ophthalmic surgeries were performed at the SSC-Tully. An additional 67 ophthalmic procedures were performed at The Stamford Hospital. (*October 26, 2004, Prefiled Testimony of Steven P. Oster, page 1*)
24. The Applicant calculated the projected lens extraction demand based on the rates developed in Finding of Fact No. 15. The calculation is given in the following table:

Table 3: Projected Demand for Lens Extraction in 2005 for Persons over the Age of 45

Population Ages 45 to 64	84,711
Population Over Age 64	48,544
Projected Demand for Ages 45 to 64 (84,711 * 81.4/10,000)	690
Projected Demand for Over Age 64 (48,544 * 769.7/10,000)	3,736
Total Projected Demand based on Lens Extraction Rates	4,426

(*May 29, 2004, CON Application, page 58*)

25. Cataract surgery represented 71% of the total number of procedures performed at the other eye surgery facilities managed by Constitution. Therefore, the Applicant estimated that the total ambulatory eye surgery demand in the Applicant’s proposed primary service area in 2005 for persons over the age of 45 to be 6,234 ($4,426 \div 0.71 = 6,234$) ophthalmic procedures. (*May 29, 2004, CON Application, page 58*)
26. The Applicant estimates that 1,803, 2,073, and 2,384 individuals will receive services at the Center during the first, second, and third years of operations, respectively. The Applicant based the estimates on the caseload volume of the eight member-physicians in 2003. (*May 29, 2004, CON Application, page 11*)
27. The Applicant asserts that the ophthalmologists that will be performing the procedures at the Center do not have adequate surgical time at the existing providers to cover the number of surgeries that need to be performed annually. (*May 29, 2004, CON Application, pages 11, 12, and 13*)
28. Dr. Siderides has privileges at The Stamford Hospital and books surgeries in her office that are scheduled two to three months in advance. To alleviate the surgical backlog, she performs surgeries at an eye surgery center in Queens, New York, where she is able to schedule and utilize two operating rooms concurrently. (*May 29, 2004, CON Application, page 12*)
29. Dr. Vietorisz, Dr. Fucigna, and Dr. Ostriker, who also have privileges at The Stamford Hospital, reported having difficulty obtaining adequate surgical times for their patients. (*May 29, 2004, CON Application, pages 263 to 267*)

30. Dr. Wong, who has privileges at Norwalk Hospital, reported that his patients have a three month wait for surgery. *(May 29, 2004, CON Application, page 268)*
31. The physicians planning to utilize the Center stated that the surgical problems they have experienced come inherent with the hospital setting. Hospital procedures, developed primarily for the treatment of ill patients, often cause staff shortages or use of inexperienced staff during their ophthalmic surgeries. *(May 29, 2004, CON Application, page 14)*
32. The Applicant did not provide supporting documentation for the physicians' surgical backlogs or letters from patients describing their cataract surgery experiences.
33. During testimony presented at the hearing, the Applicant and the Intervenors accepted the following average volumes when determining surgical room capacity:
 - 1,200 procedures per year per operating room for those that accommodate inpatient and outpatient surgeries;
 - 1,500 procedures per year per operating room for those that are dedicated to outpatient surgical procedures; and
 - 2,500 procedures per year per operating room dedicated to outpatient ophthalmic surgical procedures.*(October 29, 2004, Hearing Testimony)*
34. The Stamford Hospital testified that the aging population, rather than requiring greater outpatient surgical procedures, has placed a greater demand on its inpatient acute care services. The Stamford Hospital testified that its ambulatory surgical volume for FY 2002, FY 2003, and FY 2004 was 9,373, 9,127, and 9,167, respectively. *(October 26, 2004, Prefiled Testimony of Peter Oster, page 2)*
35. The SSC-Tully has five operating rooms currently in use, two of which are equipped for eye surgery. Another operating room has been outfitted and two are shell space. The fifth operating room opened in February 2004. *(October 26, 2004, Prefiled Testimony of Peter Oster, page 2)*
36. In May 2003, The Stamford Hospital performed a survey of the ophthalmologists that utilized the SSC-Tully to obtain their operating room time requirements. The survey showed that each ophthalmologist had performed 20 to 30 cases per month at other surgical facilities. Therefore, a fifth operating room was opened at the SSC-Tully and the ophthalmologists were given priority to be scheduled additional operating room time. *(October 26, 2004, Prefiled Testimony of Kathleen Scott-Vicari, page 2)*
37. Physicians schedule their surgeries with the SSC-Tully approximately one to two weeks in advance. It is a regular practice at the facility for physicians to request additional cases to be added on the days they are routinely performing surgery. The SSC-Tully is almost always able to accommodate those needs. *(October 26, 2004, Prefiled Testimony of Kathleen Scott-Vicari, page 2)*
38. Kathleen Scott-Vicari, Manager of the Operating Room at the SSC-Tully, testified that any reasonable commitment regarding block times and staffing for ophthalmic cases could be

arranged provided the surgical volumes were sufficient to make economical sense. (*October 26, 2004, Prefiled Testimony of Kathleen Scott-Vicari, page 2*)

39. The Stamford Hospital reported the following ophthalmology cases volumes by physician:

Table 4: Ophthalmology Case Volumes at SSC-Tully

Physician	Fiscal Year			
	2001	2002	2003	2004
Robert Fucigna, M.D.	110	111	87	90
Glenn Ostriker, M.D.	242	272	276	286
Elizabeth Siderides, M.D.	178	148	182	302
Esteban Vietorisz, M.D.	78	124	134	143
Total	608	655	679	821

(*October 26, 2004, Prefiled Testimony of Kathleen Scott-Vicari, Exhibit C*)

40. The SSC-Tully currently has nine nurses who have received special training in ophthalmic procedures and who are routinely assigned to the ophthalmic surgery rooms. Whenever staffing allows, three nurses are assigned instead of two to help facilitate the cases. (*October 26, 2004, Prefiled Testimony of Kathleen Scott-Vicari, page 42*)
41. Greenwich Hospital has eight operating rooms that can handle 9,600 procedures per year based on 1,500 procedures per year. Greenwich Hospital can accommodate 1,665 additional procedures based on the capacity available in the current operating room schedule and the additional cases that could be accommodated if demand required that the eighth operating room be utilized full time. The eighth operating room currently is open two days a week. (*October 26, 2004, Prefiled Testimony of Nancy Rosenthal, page 2*)
42. Greenwich Hospital testified that additional ophthalmic surgical equipment required to outfit a second room will be purchased allowing simultaneous ophthalmic procedures in two operating rooms. (*October 29, 2004, Hearing Testimony of Phyllis Pratt*)
43. In OHCA Docket 04-30251-CON, Norwalk Hospital testified that it has ten operating rooms, one of which is dedicated to ophthalmic surgery. (*June 4, 2004, Prefiled Testimony of Paul Nurick for CON Docket 04-30251-CON, page 2*)
44. HealthSouth is a multi-specialty facility with two operating rooms and two procedure rooms that opened in December 2002. Ophthalmic surgical procedures are not currently performed at HealthSouth. (*October 26, 2004, Prefiled Testimony of Peter Oster, pages 2 and 4*)
45. New Vision is a single-specialty physician-owned facility that can accommodate the surgeries of the physician-group's practice and is not open to use by other ophthalmologists. (*October 29, 2004, Hearing Testimony of Esteban Vietorisz, M.D.*)
46. The Applicant proposes to seek licensure from the State of Connecticut Department of Public Health as an Ambulatory Surgical Center. (*April 12, 2004, CON Application, page 7*)

47. The Applicant proposes to become accredited with the American Association of Ambulatory Surgical Centers. *(November 21, 2002, CON Application for Docket Number 02-554, page 12)*

**Financial Feasibility of the Proposal and its Impact on the Applicant's
Rates and Financial Condition
Impact of the Proposal on the Interests of Consumers of Health Care
Services and Payers for Such Services**

48. The proposal has a total capital expenditure of \$1,870,085, which includes:

Table 5: Total Capital Expenditure

Component	Cost
Construction/Renovation	\$1,331,500
Medical Equipment (purchase)	403,771
Non-medical Equipment (purchase)	34,814
Working Capital	100,000
Total Capital Expenditure	\$1,870,085

(September 2, 2004, Completeness Response, page 8)

49. The location of the Center is in a multi-tenant building in downtown Stamford properly zoned for medical use. The Center will be on the first floor, have elevator service to the parking areas, and have ADA compliant ramps to allow wheelchair accessibility from the first floor grade to street level. *(September 2, 2004, Completeness Response, page 8)*
50. The total capital expenditure will allow the Applicant to construct two operating rooms within the leased space of 7,500 square feet. *(September 2, 2004, Completeness Response, page 8)*
51. The source of funding for the project includes Applicant's equity of \$1,200,000 and a conventional loan for the balance of the funds. *(May 29, 2004, CON Application, page 27)*
52. The Applicant projects that the proposal's incremental revenue over expense will be \$626,228, \$679,660, and \$829,063 for FYs 2005, 2006, and 2007, respectively. *(September 2, 2004, Completeness Response, page 81)*

Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines

The following findings are made based upon other principles and guidelines set forth in Section 19a-637, C.G.S.:

53. There is no State Health Plan in existence at this time. *(May 29, 2004, CON Application, page 3)*
54. The Applicant's proposal is consistent with its long-range plan. *(May 29, 2004, CON Application, page 4)*
55. As the Applicant is a newly formed company, it has not demonstrated improvements in productivity or cost containment within the past year. *(May 29, 2004, CON Application, page 22)*
56. The Applicant's proposal will not result in any changes in teaching or research responsibilities. *(May 29, 2004, CON Application, page 22)*
57. There are no distinguishing characteristic of the Applicant's patient/physician mix that makes the proposal unique. *(May 29, 2004, CON Application, page 22)*
58. The Applicant's rates are sufficient to cover the proposed capital expenditure and operating costs. *(September 2, 2004, Completeness Response, page 81)*
59. The Applicant has sufficient technical and managerial competence to provide efficient and adequate service to the public. *(May 29, 2004, CON Application, Exhibit 17)*

Rationale

Stamford Eye Surgery Center, LLC (“Applicant”) proposes to establish a single specialty eye surgery center in Stamford, Connecticut. The Applicant determined that there is an unmet need for ambulatory surgical facilities in the proposed service area by developing a need methodology based on the 1996 study issued by the U. S. Department of Health and Human Services in 1998. The Applicant used the study’s reported 1996 ambulatory procedures rates for the northeast region for the extraction of lens to project the demand for ophthalmic procedures in its proposed primary service area in 2005. Due to increases in surgical rates as a result of technological advances and other factors, the Applicant applied a 3% growth rate per year to the reported rates. The Applicant estimated that 6,234 ophthalmic procedures would be performed in 2005 on patients older than 44 years of age.

The existing providers of ophthalmic surgical services in the area are The Stamford Hospital, Greenwich Hospital, and Norwalk Hospital. There are two additional ambulatory surgery centers, one is New Vision Cataract and Laser Center, which is not available to physicians outside the physician-owner’s group practice, and the other is HealthSouth of Norwalk, which currently does not accommodate ophthalmic surgical procedures. Recently, Wilton Pain Management, LLC d/b/a Wilton Surgery Center received OHCA approval to add ophthalmic surgery to its facility.

The ophthalmologists established the Stamford Eye Surgery Center, LLC due to their concern that inadequate operating room time is available to them and their patients at the existing providers. The physicians’ stated that the wait time for their patients to receive surgery is approximately three months. The physicians want to shorten the wait time for their patients as most of their patients are elderly and having poor sight creates an undue burden on the patients and their quality of life. The Applicant did not provide supporting documentation for the physicians’ surgical backlogs or letters from patients describing their cataract surgery experiences. Ambulatory surgical procedures are elective procedures scheduled at the convenience of the patient and the physician performing the procedure. Inconvenience in accessing health care services does not demonstrate any unmet need for the provision of these health care services. *See Final Decision for OHCA Docket 03-30017-CON*. Therefore, OHCA has reached the conclusion that the Applicant’s CON proposal’s will not contribute to the accessibility of health care delivery in the region.

Surgeries are scheduled at the area providers by the physician’s office one to two weeks in advance. Staff at existing ambulatory surgery centers are not aware of the surgeries that have been booked into a physician’s schedule. The Stamford Hospital testified that additional surgical time can be accommodated to a surgeon in order to handle a surgeon’s caseload. OHCA does not endorse the use of scheduling backlogs as a basis for need. Scheduling backlogs exist as part of the physician’s practice. Many factors go into scheduling an ambulatory surgical procedure: the patient’s schedule; the physician’s schedule; and the surgical center’s schedule. Each schedule is subject to last minute changes. The Stamford Hospital and Greenwich Hospital testified that whenever a physician has insufficient operating room time they have made accommodations in the surgical schedule to address the physician’s need.

The Stamford Hospital and Greenwich Hospital testified that their facilities currently can address the special needs attributable to ophthalmic surgical procedures. The Stamford Hospital testified that its Stamford Surgical Center located at Tully Health Center (“SSC-Tully”) has on staff nine nurses that are fully trained to assist in ophthalmic surgeries and three nurses are available on days when ophthalmic surgeries are scheduled. SSC-Tully has two shell-space operating rooms that could be outfitted to address any unmet capacity. Greenwich Hospital is purchasing the equipment required to outfit a second surgery room that will allow simultaneous operation of two dedicated ophthalmic surgery rooms.

At the hearing, the Applicant and the Intervenor accepted the following average surgical volumes concerning yearly operating room capacity: 1,200 procedures when inpatient and outpatient procedures are performed; 1,500 for outpatient procedures; and 2,500 for operating rooms dedicated to ophthalmic surgery when two rooms are available to run simultaneously. The minimum estimated capacity for eye surgeries is based on the operating room’s environment. The maximum capacity is based on whether or not the provider is able to allow a surgeon access to two dedicated rooms concurrently. Based on information provided by the Applicant and the Intervenor for the number of operating rooms and the current utilization, OHCA has tabulated the following information for providers in the Applicant’s proposed primary service area:

Table A: Current Estimated Surgical Capacity

Provider Name	Number of Operating Rooms				Estimated Capacity for Eye Surgery		Current Utilization
	Available	Utilized	Not Utilized	Equipped for Eye Surgery	Minimum	Maximum	
SSC-Tully	8	6	2	2	3,000	5,000	1,232
Greenwich Hospital	8	7.4	0.6	2	2,400	5,000	715
Norwalk Hospital	10	- ¹	- ¹	1	1,500	1,500	888
Wilton Surgery Center ¹	2	2	0	2	3,000	5,000	491
HealthSouth	2	2	0	2	0 ³	5,000	0 ³
New Vision	2	2	0	2	0	0	0
Total					9,900	21,500	3,235

¹ Information not available.

² Wilton Surgery Center is expected to open in January of 2005.

³ Ophthalmic surgeries are not currently performed at HealthSouth.

Since New Vision is not required to submit data to OHCA, OHCA cannot verify its surgical volume. Therefore, the current utilization and the operating room capacity of New Vision are not considered in the above analysis. SSC-Tully and Greenwich Hospital have unused operating room space that may be outfitted for ophthalmic surgical procedures. The estimated current minimum capacity, including Wilton Surgery Center, is 50% greater than the Applicant’s estimated demand of 6,234 procedures in the proposed primary service area. OHCA cannot verify the total current utilization of ophthalmic surgical procedures in the proposed primary service area. However, based on the numbers calculated in Table A, it appears that the current health care delivery system in the area can absorb the estimated demand. OHCA finds that the

Applicant has not demonstrated that the proposal would significantly improve the accessibility of health care delivery in the region.

Based on the foregoing Findings and Rationale, the Certificate of Need application of Stamford Eye Surgery Center, LLC to establish a single specialty eye surgery center in Stamford Connecticut, at a total proposed capital expenditure of \$1,870,085 is hereby DENIED.

Order

The proposal of Stamford Eye Surgery Center, LLC to establish a single specialty eye surgery center at 9 West Broad Street in Stamford, Connecticut, at a total capital expenditure of \$1,870,085 is hereby denied.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

November 30, 2004

Signed by Cristine A. Vogel
Commissioner

CAV/lkg